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Rockwall, TX 75032					Della L. Gonzales (Depos			epositor's name)
					/Della L. Gonzales/			(Signature)
				June 7, 2012			(Date)	
APPLICATION NO. FILING		DATE	FIRST NAME	D INVENTOR			CONFIRMATION NO.	
09/785,240 02/20/		2001	Matthew Tl	nomas Hart	mas Hart NAI1P445-00.174.01		4408	
TITLE OF INVENTION: UNWANTED E-MAIL FILTERING SYSTEM INCLUDING VOTING FEEDBACK								
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION	ON FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S)	DUE	DATE DUE
nonprovisional	NO	\$1740	\$3	00	\$0	\$2040		09/07/2012
EXAMINER ART UNIT			CLASS-ST	TRCLASS	1			
CHOUDHURY, AZIZUL Q		2453	709-2					
CFR 1.363). [] Change of corr Address form PTO [] "Fee Address"	cation of "Fee Address" (or Change of Corresponde ddress" Indication form ttached. Use of a Custom	names of up a agents OR, al firm (having agent) and th attorneys or a	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1. Patent Capital Group 2. 3.					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE (CITY and STATE OR COUNTRY)								
McAfee, Inc. Santa Clara, CA								
Please check the appropriate assignee category or categories (will not be printed on the patent): [] individual [X] corporation or other private group entity [] government								
4a. The following fee([X] Issue Fee [X] Publication Fee [] Advance Order	[] A chec [] Payme [X] The D	4b. Payment of Fee(s): [] A check in the amount of the fee(s) is enclosed. [] Payment by credit card. Form PTO-2038 is attached. [X] The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-4889 (enclose an extra copy of this form).						
5. Change in Entity Status (from status indicated above) [].a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. []b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).								
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(Authorized Signature) /Thomas	J. Frame/		(Date)Ju	ne 7, 2012			
Typed or Printed Nam	e Thomas	J. Frame		Registration N	To47,232			

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